

1744 U.S. PTO  
09/30/03

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	CML01160CIT
	First Inventor:	Mark B. Richman
	Title:	Computerized Export Control System For Online Information
	Express Mail Label No.:	ER380436529

<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)	Mail Stop Patent Application ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status  
See 37 CFR 1.27
3. ☒ Specification [Total Pages 22 ]  
(preferred arrangement set forth below)  
 -Descriptive title of the invention  
 -Cross Reference to Related Applications  
 -Statement Regarding Fed sponsored R & D  
 -Reference to sequence listing, a table, or computer program listing appendix  
 -Brief Summary of the Invention  
 -Brief Description of the Drawings (if filed)  
 -Detailed Description  
 -Claim(s)  
 -Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 10 ]
5. Oath or Declaration [Total Sheets 4 ]  
 a. ☒ Non-executed (original or copy)  
  
 b. ☐ Copy from prior application (37 CFR 1.63(d))  
 (for continuation/divisional with Box 18 completed)  
  
 i. **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)  
 a. ☐ Computer Readable Form (CFR)  
 b. ☐ Specification Sequence Listing on:  
 i. ☐ CD-ROM or CD-4 (2 copies); or  
 ii. ☐ Paper  
 c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)	
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PT-1449 <input type="checkbox"/> Copies of IDS Citations	
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other:	

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS							
<input checked="" type="checkbox"/> Customer Number	<u>22917</u>	or	<input type="checkbox"/> Correspondence address below				
Name							
Address							
City	State	Zip Code					
Country	Telephone	Fax					
Name	James A. Lamb	Registration No.	38, 529				
SIGNATURE	<i>James A. Lamb</i>		Date	<u>9/30/2003</u>			

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# TRANSMITTAL

**Patent fees are subject to annual revision**

☐ Applicant claims small entity status. See 37 CFR 1.27

**Complete if Known**

Application Number

Filing Date

9/30/2003

**First Named Inventor**

**Mark B. Richman**

Examiner Name

Group Art Unit

\_\_\_\_\_

Attorney Docket No.

CML01160CIT

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

**Deposit Account Number**

**502117**

**Deposit Account Name**

**Motorola, Inc.**

**The Director is authorized to: (check all that apply)**

☒ Charge fee(s) indicated below

☒ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.

### ***FEE CALCULATION***

## 1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)		Fee Paid
1001	750	2001	375	Utility filing fee	750
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)	(\$) 750.00
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## 2. EXTRA CLAIM FEES

		Previously Paid**	=	Extra Claims	X	Fee from below	=	Fee Paid	
Total Claims	25	-	20	=	5	X	18	=	90
Independent Claims	3	-	3	=		X	84	=	

### Multiple Dependent

$$\boxed{280} = \boxed{\phantom{00}}$$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	*Reissue claims in excess of 20 and over original Patent

SUBTOTAL (2)	(\$)	90.00
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\*or number previously paid, if greater; For Reissues, see above.

**SUBMITTED BY**

Name (Print/Type)

James A. Lamb

**Signature**

Registration No.

38.529

Telephone

(847) 576-5054

Date \_\_\_\_\_

9/30/2003

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